Newsweek

This is the Wrong Way to Deal With the Opioid Epidemic

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Late on the night of January 25, the Arizona legislature unanimously approved "The Arizona Opioid Epidemic Act," introduced at the urging of Governor Doug Ducey (R) just 3 days earlier.

The Governor and legislature were in such a hurry that they took no time to request testimony from representatives of the medical profession or from any other experts that might have differing views about the best ways to approach the overdose crisis.

The overdose crisis is such an "emergency" that there was no time for that. Yet, most of the Act's provisions are not scheduled to take effect until 2019.

Among the harmful features of the Act are strict restrictions on the amount and dose of opioids doctors can prescribe to new and postoperative patients. Prescriptions may be for only 5 days, and the dosages are capped.

Doctors wishing to exceed these limits must first consult a board-certified pain management specialist, which, of course, might take several days. This policy is not evidence-based. It will cause injured patients and those recovering from surgery to suffer needless and agonizing pain.

In December, the Arizona Medical Association and the Arizona Osteopathic Medical Association wrote the state Department of Health Services warning of harmful "unintended consequences" that may ensue from one-size-fits-all 5-day limits on prescriptions and dosages for patients in acute pain.

This policy is not just inhumane, it's dangerous. Desperate patients might seek to get better relief for their undertreated pain by supplementing their prescriptions with alcohol and/or other drugs, or by obtaining drugs through the illegal market, increasing the risk of overdose or death.

Another provision requires all providers to use a state-approved E-prescription system to prescribe opioids, placing a burden on health care providers in remote and rural areas of the state, where broadband internet access is inadequate and where some practitioners lack technological sophistication in their practices.

A "Good Samaritan Law" was a feature of the legislation. This law, a good idea already on the books in over 40 other states, is intended to encourage witnesses of overdoses to call first responders with the rescue antidote naloxone. In many cases, witnesses are afraid to call for help out of fear they might be arrested for possession of an illicit substance or some other offense.

A “Good Samaritan Law” assures them they will not be arrested. However, in some states, the laws contain loopholes that have resulted in witnesses being arrested and charged with non-drug related offenses, or even with manslaughter if the overdose victim dies.

Unfortunately, in the rush to pass Arizona’s Good Samaritan Law, such loopholes were included. They allow law enforcement first responders to confiscate any drugs or drug paraphernalia they find on witnesses, and to arrest witnesses for non-drug related crimes.

It won’t take long for word to spread after the first such arrest or confiscation. Don’t look for this Good Samaritan Law to reduce many overdose deaths.

It’s not as if the legislators weren’t aware that they were acting in haste and might be making matters worse. Senator Sylvia Allen (R) expressed concerns about the costs of second opinion consultations and how long it may take to obtain them.

She also questioned the state’s micromanagement of medical practitioners. She told a reporter for the *Arizona Capitol Times* , “Here’s a doctor who’s practiced for years, knows that patient, and now they have to get a second opinion. It’s kind of an insult to them. So I don’t like that at all.”

Similarly, Senator Steve Smith (R) was unhappy with imposing a new regulatory scheme on doctors, pointing out that only a few “bad doctors” overprescribe, and that adding this new burden is “still not going to solve the problem.” Republican Senator Warren Petersen agreed.

Senators Rick Gray (R) and Regina Cobb (R) worried about the burden the new E-prescribing requirements place on rural providers. Senator Gray worried that “some of this software isn’t even developed yet.” And Senator Cobb, pointing out that rural doctors might have to lay out $20,000 to set up their systems, called it an “unfunded mandate” on rural doctors.

Senator Sonny Borrelli (R) openly worried about the Act’s potential harm to patients. The *Arizona Capitol Times* reported him saying, “I don’t want to restrict the ability of good doctors to do their job and force that patient (who needs painkillers) to black tar heroin.”

Along with many of his colleagues on the other side of the aisle, Senator Borelli lamented the fact that barely any attention was given to harm reduction measures that have a proven record of saving lives and preventing the spread of disease.

Short shrift was given to Medication Assisted Treatment, and Senator Borelli was unhappy that nothing was done to promote needle-exchange programs. Safe Syringe Programs have been long supported by the Centers for Disease Control and Prevention.

Even Republican Senate Majority Leader Kimberly Yee was unhappy with the rush to action: “If we’re not implementing this until 2019 I don’t know why we’re voting on this this afternoon…Sometimes when we rush through legislation there are consequences.”

Despite the objections raised by these and many other legislators, they voted for the bill along with everyone else— the bill passed *unanimously* later that day. It is based on the false premise that the opioid overdose crisis is the result of doctors and pharmaceutical companies teaming up to ensnare unsuspecting patients in the web of drug addiction.

Yet all the evidence shows that, to the contrary, the overdose crisis is the result of nonmedical users seeking drugs in the illicit market. And in recent years the majority of overdose deaths are due to heroin and fentanyl.

This Act will not cause any intravenous heroin users to pull the needle out of their arm. But it might add to the growing number of deaths from drug abuse.

This sloppy, ill-conceived, and hasty piece of legislation is best understood as a bipartisan act of political grandstanding by the Governor and the legislature in a year when the Governor and most lawmakers are up for re-election. They have until 2019 to fix it before its harmful effects begin to appear.

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